

## ACC NEWS



## President's Page: Clinical Cardiovascular Research: A Role for the Private Practitioner

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The American College of Cardiology is, of course, an advocate and supporter of clinical cardiovascular research. Yet, how specifically the College "fosters" research has not been clearly articulated. As discussed in a previous President's Page, the Strategic Planning Committee is spearheading this effort by taking a critical look at the College's potential for encouraging more practitioner involvement in clinical research (1). Toward this end, the Committee initiated a study involving 24 in-depth telephone interviews with ACC members in private practice. This study was designed to:

- understand members' interest in and perception of the importance and benefit of participating in clinical trials;
- explore with members who have participated in clinical trials their attitudes and barriers they encountered;
- explore with members who have not participated in clinical trials or other clinical research their reasons for not participating;
- listen to members' recommendations for increasing clinical research participation; and
- listen to members' thoughts about the future role of the College in fostering research.

The findings of this qualitative study are highlighted below, together with some of my own thoughts on where we go from here.

**Attitude toward participation in clinical trials.** It came as no surprise that the physicians interviewed concurred with the importance of participating in clinical trials, while also believing that there is a diminishing number of physicians in private practice who do participate. Their perception of why this dilemma exists includes the following:

- Practicing physicians believe that the increased complexity of research protocols has resulted in an inevitable shift of private industry research support to large academic centers that have the large patient populations, manpower and facilities to support the trials.
- However, some respondents maintain that there is a

long-standing division between the academic community and the general practice community (i.e., the "town-gown" problem).

- Several physicians are not participating in research because of the "burdensome" administrative requirements of current research trials.
- Members pointed to concerns (i.e., administrative hassles) associated with malpractice insurance as a particularly important culprit.
- Although lack of sufficient time (mainly due to lack of administrative help) is the primary reason for decreased participation in clinical research trials, some physicians also attributed their lack of involvement to increasingly "dangerous" research protocols and the difficulty of recruiting private patients for such trials.

**Experience in clinical trials.** Cardiologists who had recently participated in clinical trials generally felt that their involvement influenced their private practice in positive ways. They had heard about new medications and procedures, and had gained personal satisfaction from being on the "cutting edge" of medical advances. However, many said that the administrative and time demands of the trials placed a strain on their staff members and their practice. As might be expected, physicians with a large private practice or a hospital-based practice were more likely to incorporate research into their practice without disruptive effects.

Regarding the financial reimbursement received for their participation, most physicians interviewed were satisfied, particularly because the financial reward was not perceived as their primary incentive.

Most physicians questioned about their expectations for future involvement in trials indicated a desire to do more research, but remarked that it would depend on the time demands of the trial and the availability of administrative staff. Moreover, members set high standards for the clinical trials in which they would participate. Several noted they are cautious about taking part in trials designed to promote a particular drug—the so-called phase IV trials.

**Nonparticipation in clinical trials.** Among members who indicated they had not participated in clinical trials, most

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cited as the primary reason that they had not been asked. These same cardiologists confirmed the importance of clinical research and practitioner involvement; yet, by and large, a perceived lack of opportunity is the overwhelming reason given by physicians for nonparticipation.

Those who had declined to participate cited the following reasons: 1) the time constraints involved in performing the research; 2) the difficulty in recruiting patients for participation; and 3) the burdens of federal regulations. Despite these issues, nonparticipants generally expressed a desire to participate in research if the administrative and financial barriers could be overcome.

**Participation in other clinical research or scholarly activities.** Relatively few members had participated in other formal research activities, such as cost-benefit studies, epidemiologic research, self-initiated research or research supported by individual grants. Most members again cited lack of opportunity as the primary reason for their noninvolvement.

On the other hand, a majority of physicians had either presented or published case studies locally, and some nationally, since entering private practice. These members indicated that they had presented or published these cases because of their personal interest in a particular subject or because they had been asked to share information with colleagues. Most said they would like to continue these activities if schedules permitted.

**Recommendations of members for increasing participation in clinical research.** When asked what recommendations they would make to the National Institutes of Health, pharmaceutical companies and health organizations to increase participation in clinical research, most respondents indicated that participation would increase greatly if the trials were designed to better accommodate the private physician. For instance, formulating research protocols that are achievable within a private practice setting, reducing paperwork demands and the time required to complete trials, and providing administrative support throughout the course of the trials would enable physicians to incorporate research more easily into their private practice.

Others believed that increased financial support for participation in clinical trials research would encourage private physicians to become involved. Yet, aside from the time and financial incentives, one of the significant barriers to participation, according to physicians interviewed, is a perceived lack of opportunity. As one physician said, "Just ask us!"

**Member recommendations about the American College of Cardiology's role in fostering research.** Finally, we asked members to be candid about their recommendations for the College. Virtually all respondents believed that the ACC should assume a leadership role in encouraging physicians to participate in clinical research. Some of their specific recommendations were that the ACC could 1) help to increase participation in clinical trials simply by "spreading the word" about the importance of research and ways in which

both the isolated and the well connected physician can get involved; 2) act as a liaison between pharmaceutical companies and physicians, connecting physicians with particular specialties to appropriate research trials; 3) review research protocols and recommend them to interested physicians; 4) assist in the design of research protocols; 5) help to hasten the grant approval process with the National Institutes of Health and pharmaceutical companies; and 6) give more recognition to practicing physicians involved in research at ACC meetings.

In addition to these ideas, physicians living in states with local ACC Chapters saw opportunities for their Chapters to encourage research participation. Moreover, there was a general consensus that the College should provide forums for the exchange of new ideas among private practitioners and could serve as an "information clearinghouse" on available research grants and research opportunities. Similarly, physicians applauded the suggestion of developing "how to" guides on getting involved in research or publications, or both.

**Conclusions and observations.** From my vantage point, I find this survey useful. It points out some of the specific barriers (perceived and real) that must be overcome to involve more practitioners in clinical research. I find it of particular interest that the primary barrier to greater involvement is perceived lack of opportunity (i.e., many of those who are not participating are never asked to participate).

Even more interesting are the opportunities suggested in this survey. Clearly, the findings confirm that the ACC should assume a leadership role in supporting research. As the professional organization representing cardiovascular specialists, we have an obligation to our profession and to our future.

This realization leads next to the question of "how." The mechanism and activities for "fostering" research need to be developed. Initially, the College should consider: 1) developing materials designed to communicate the importance and opportunities for participating in research; 2) establishing a clinical trials review board that examines and comments on protocols; 3) increasing our advocacy role; and 4) exploring innovative local and national forums for ACC members to share and participate in research activities. On this last point, I am particularly intrigued by the potential that our Chapters have to offer.

Finally, I believe that the College needs a Research Committee to provide an ongoing commitment to this effort. It is my hope that, in establishing such a Committee, the College will take a significant step toward fulfilling the important leadership role its members are asking it to assume.

## References

1. Conti CR. President's page: the American College of Cardiology, cardiovascular research and research careers. *J Am Coll Cardiol* 1989;13:1686-7.